

## CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA

Brandon Thomas <sup>1259347</sup>  
(Enter above the full name and prisoner  
identification number of the plaintiff.)

FILED IN CLERK'S OFFICE  
U.S.D.C. - Atlanta

DEC 23 2022

KEVIN P. WEIMER, Clerk  
By: Paul Thompson Deputy Clerk

-vs-

1:22-CV-5122

Coastal State Prison

(Enter above the full name of the defendant(s).)

## I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with (1) the same facts involved in this action, or (2) otherwise relating to your imprisonment?

Yes ( ) No (✓)

- B. If your answer to A (1) or (2) is yes, describe each lawsuit in the space below and tell us whether the "old" case involves the same facts or other issues. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

3. Docket Number: \_\_\_\_\_

**I. Previous Lawsuits (Cont'd)**

4. Name of judge to whom case was assigned: \_\_\_\_\_

5. Did the previous case involve the same facts?

Yes ( ) No ( )

6. Disposition (Was the case dismissed? Was it appealed? Is it still pending?):  
\_\_\_\_\_  
\_\_\_\_\_

7. Approximate date of filing lawsuit: \_\_\_\_\_

8. Approximate date of disposition: \_\_\_\_\_

**II. Exhaustion of Administrative Remedies**

A. Place of Present Confinement: Coastal State Prison

B. Is there a prisoner grievance procedure in this institution?  
Yes (✓) No ( )

C. Did you present the facts relating to your complaint in the state prisoner grievance procedure?  
Yes (✓) No ( )

D. If your answer is YES:

1. What steps did you take and what were the results?

I filled out the proper grievance and nothing  
has happened so far. Right now it is  
11/01/22 and I'm still facing my issues.

2. If your answer is NO, explain why not: \_\_\_\_\_  
\_\_\_\_\_

**III. Parties**

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### III. Parties (Cont'd)

Address(es): Garden City, Ga 31418  
P.O. Box 7150

(In item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Do the same for each additional defendant, if any.)

B. Defendant(s): Coastal State Prison

Warden Panciro

Employed as Warden

at Coastal State Prison

### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Most institutions have medicine distributions known as pill call, but personally I receive AM and PM distributions. On 10/21/22 pill call was cut short not allowing me to get my PM distribution. On 10/22/22 pill distribution was not given at all and pills such as Digoxin (Lanoxin) and Dicyclomine (Bentyl) which have to be taken daily. ~~They~~ They're also mental health prisoners in here who takes medication pills to regulate their behavior. So not having pill call that day directly jeopardize my safety and others. Coastal State Prison does things and gets away with doing them because no-one speaks up. I am an inmate under the American Disability Act (ADA) for half a year. I have told everyone about one of my ADA issues and it's dehydration, yet ~~we~~ we are the only dorm that does not have a working water fountain. 10/06/22 I informed C.O. Howell of problems with my wheelchair. Later that day, she witnessed the wheel falling off my wheelchair on 10/11/22 unit manager Love saw me falling out of the wheelchair.



#### IV. Statement of Claim (Cont'd)

witnessed the wheel falling off my wheelchair on 10/11/22. Unit manager MS. Love saw me falling out of the wheelchair and needed assistance by a fellow inmate as we speak. I am still waiting on a new wheelchair. (I am adding a copy of my profile so you can see my issues.) On November 6, 2022, I was given my AM dosage but only half. On November 7, 2022 they didn't have pill call at all once again because no one said anything. On November 8, 2022 I was only given my PM dosage but only half once again. On 11-21-22 was the last time I had gotten my prescription then I was told I would not die without it.

#### V. Relief

State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

\$ 10.5 Millions and an ADA investigation

I called the American Disability Act hotline thus I was told to file a 1983 because my civil rights were violated.

**V. Relief (Cont'd)**

---

---

---

---

---

---

---

---

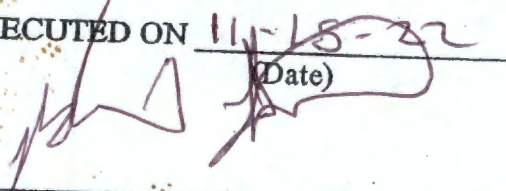
Signed this ~~10~~ 15 day of NOVEMBER 2022  
19

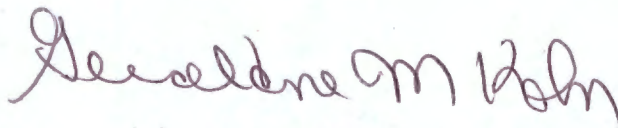
  
Signature of Plaintiff

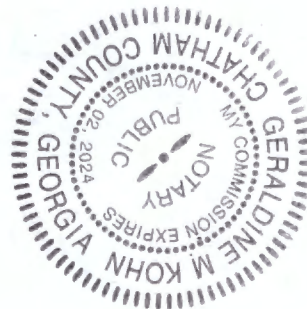
STATE OF GEORGIA  
COUNTY (CITY) OF FULTON

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON 11-18-22  
(Date)

  
Signature of Plaintiff

  
11-02-2021





**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA**

CDL# 1259347

Brandon Thomas  
Plaintiff/Petitioner,

v.

Coastal State Prison  
Defendant/Respondent.

**AFFIDAVIT IN SUPPORT OF  
REQUEST TO PROCEED  
IN FORMA PAUPERIS; AUTHORIZED  
WITHDRAWAL FORM; CERTIFIED  
AFFIDAVIT OF INMATE ACCOUNT  
STATUS.**

**AFFIDAVIT AND AUTHORIZATION  
FOR WITHDRAWAL FROM INMATE ACCOUNT**

I, \_\_\_\_\_, being first duly sworn or under penalty of perjury, affirm and say that I am the plaintiff/petitioner in the above-styled action; that in support of my motion to proceed without prepayment of fees or costs or give security therefor pursuant to Title 28 U.S.C. § 1915 (a)(1), I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor.

I further swear or affirm that the responses which I have made to the questions below are true.

1. Are you presently employed? Yes ( ) No (X)
  - a. If employed, state the amount of your salary or wages per month and give the address of your employer. \_\_\_\_\_
  - b. If you are not currently employed, state the date of your last employment and the amount of salary or wages received. 8/8/10 \$8.25/hr
2. Have you received within the past twelve months any money from any of the following sources?
 

a. Business, profession or self-employment?	Yes ( ) No (X)
b. Rent payments, interest or dividends?	Yes ( ) No (X)
c. Pensions, annuities or life insurance?	Yes ( ) No (X)
d. Gifts or inheritances?	Yes ( ) No (X)
e. Any other source?	Yes ( ) No (X)

If you answered yes to any of the above, describe each source and state the amount received from each.

3. Do you own any cash, or do you have money in a checking or savings account? (Include funds in prison account.)  
Yes ( ) No (X) If the answer is yes, state the total value of items owned.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furniture and clothing?  
 Yes ( ) No (X) If the answer is yes, describe the property and state its approximate value.

---



---



---

5. List the persons who are dependent upon you for support, state your relationship to each person, and indicate how much you contribute toward their support.

N/A

---



---



---

### AUTHORIZATION FOR ACCOUNT WITHDRAWAL

I hereby authorize my custodian and his/her designee to withdraw funds from my inmate account and to transmit the same to the Clerk, United States District Court to be applied to the filing fee which I am required to pay in connection with this case. This authorization shall apply to any institution in which I am or may be confined.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
 Signature of Plaintiff/Petitioner

**PLAINTIFF/PETITIONER IS REQUIRED TO SUBMIT WITH THIS AFFIDAVIT AND AUTHORIZATION A CERTIFIED COPY OF HIS/HER INMATE ACCOUNT STATEMENT FOR THE SIX MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THIS COMPLAINT.**

### CERTIFICATE

I hereby certify that the plaintiff/petitioner herein has a current balance of \$\_\_\_\_\_ in his/her inmate account at the \_\_\_\_\_ Institution. Plaintiff has an average monthly balance for the preceding six months of \$\_\_\_\_\_, and the average monthly deposits to said account for the preceding six months are \$\_\_\_\_\_. I further certify that plaintiff has the following assets to his/her credit according to the records of this institution: \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Officer of Institution



Case 4:23-cv-00068-CLR Document 1-1 Filed 12/23/22 Page 8 of 9

**Sexual Abuse Is Not A Part Of Your Sentence**  
**Report Sexual Assault, Sexual Harassment, or**  
**Sexual Misconduct**

Call the Georgia Department of Corrections Sexual Abuse Hotline at 7732  
(PREA)

(This line is only to be used for reporting sexual abuse)

**El abuso sexual no es una parte de su sentencia**  
**Informe Asalto Sexual, Acoso Sexual, o Conducta Sexual Inapropiada**

**Llame al Departamento de Correcciones**

**Linea de Abuso Sexual en 7732 (PREA)**

**(El uso de esta linea es solo para denunciar el abuso sexual)**

**NATIONAL**

**SUICIDE PREVENTION LIFELINE**

**1-900-273-TALK (8255)**

**[suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)**

**RED NACIONAL**

**de PREVENCIÓN del SUICIDIO**

**1-888-628-9454**

**[Prevenclondelsuicidio.org](https://Prevenclondelsuicidio.org)**



## Offender Schedule

Timeframe: 11/01/2022 to 12/31/2022

House: Q-B

Bed: Q-B-15-B

Name: THOMAS, BRANDON RASHARD

GDC ID: 1259347

Birthdate: 02/04/1982

Age: 40

Race: BLACK

Security: MEDIUM

SCHEDULED ACTIVITIES

Day	Start Time	End Time	Start Date	End Date	Activity Name	Report To	Activity Location
MON	07:30	16:30	05/24/2022		AIDE	ASSIGNED BUILDING	ASSIGNED DORM
TUE	07:30	16:30	05/24/2022		AIDE	ASSIGNED BUILDING	ASSIGNED DORM
WED	07:30	16:30	05/24/2022		AIDE	ASSIGNED BUILDING	ASSIGNED DORM
THU	07:30	16:30	05/24/2022		AIDE	ASSIGNED BUILDING	ASSIGNED DORM
FRI	07:30	16:30	05/24/2022		AIDE	ASSIGNED BUILDING	ASSIGNED DORM

PROFILES

Start Date	End Date	Profile Description
10/31/2022		PARAPLEGIC
06/22/2022	08/22/2023	SNACK HS
04/14/2022		LOWER BUNK
04/14/2022		FALL RISK
04/14/2022		MEDICAL RESTRICTIONS: FOOD TRAY ASSISTANTS
04/14/2022		MEDICAL RESTRICTION: SLOW EATING
04/14/2022		SAFETY PROFILE: LOWER RANGE HOUSING
04/14/2022		MOBILITY IMPAIRED
08/22/2022	08/22/2023	3 MEALS X 7 DAYS